

**ARIZONA DEPARTMENT OF PUBLIC SAFETY****AGENCY SUPPORT DIVISION - Human Resources Bureau****APPLICATION - Detention Transport Officer****M. D. 1100, P. O. BOX 6638, PHOENIX, ARIZONA 85005-6638****H.R. USE ONLY**

INPUT DATE	JOB CODE
ANALYST	REVIEW DATE
MEETS MQ'S <input type="checkbox"/> Yes <input type="checkbox"/> No	

LAST NAME (maximum 25 characters)		FIRST NAME (max. 15 characters)		M.I.	SOCIAL SECURITY NO.	
STREET ADDRESS (maximum 235 characters)				APT NO.	CITY (maximum 18 characters)	STATE ZIP CODE
MAILING ADDRESS (if different from above address)				APT NO.	CITY	STATE ZIP CODE
HOME PHONE NO.		WORK PHONE NO.		CELL PHONE NO.		EMAIL ADDRESS
DATE OF BIRTH (mm/dd/yyyy)	PLACE OF BIRTH	CITY	STATE		COUNTRY	
OR						
LIST ANY OTHER NAMES, DATES OF BIRTH, OR SOCIAL SECURITY NUMBERS YOU HAVE USED: (maximum 74 characters)						
HOW DID YOU HEAR DPS IS HIRING? <input type="checkbox"/> DPS Employee <input type="checkbox"/> Family / Friends <input type="checkbox"/> DPS Internet Site <input type="checkbox"/> Recruiter <input type="checkbox"/> TV / Internet <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Magazine <input type="checkbox"/> Job Fair (where / date) _____ <input type="checkbox"/> School / College _____ <input type="checkbox"/> Other _____						
MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	CURRENT SPOUSE FIRST NAME M.I. LAST NAME				CURRENT SPOUSE DATE OF BIRTH	
	DATE OF MARRIAGE		DATE OF DIVORCE		MAIDEN NAME (if applicable)	
	PREVIOUS SPOUSE NAME					

YES NO

- ☐ ☐ 1. Have you at anytime in your life been known by any names other than those which appear on your application? If **YES**, what were those names? _____
- ☐ ☐ 2. Have you lived / worked in any other states or countries? If **YES**, please list. _____
- ☐ ☐ 3. Do you know anyone who works or worked for the Arizona Department of Public Safety (DPS)? If **YES**, please list all the names. _____
- ☐ ☐ 4. Have you been on a DPS ride-a-long? If **YES**, with whom? _____

CAREER GOALS

5. Why do you want to be a detention transport officer with the Arizona Department of Public Safety (DPS)?

6. When did you first decide to pursue a career in law enforcement?

7. If you are currently in law enforcement, detention / corrections, why do you desire to change agencies?

8. How will working for the Arizona Department of Public Safety (DPS) be different from where you are currently working?

CAREER GOALS - continued

YES NO

- ☐ ☐ 9. Are you at least 21 years old?
- ☐ ☐ 10. Are you a citizen of the United States of America? *Please attach a copy of your verification of citizenship.*
- ☐ ☐ 11. Do you have a high school diploma or GED?
When and where did you receive it? _____
- ☐ ☐ 12. Do you have, or will you be able to obtain, a valid Arizona driver license prior to beginning employment?
- ☐ ☐ 13. Are you currently authorized to enforce immigration laws as a federal officer or under Immigration and Customs Enforcement Section 287 (g) / delegation of authority?
- ☐ ☐ 14. Some assignments in this classification may be required to complete immigration enforcement training. Can you speak Spanish fluently?

ILLEGAL USE OF DRUGS / CONTROLLED SUBSTANCES QUESTIONNAIRE

If you answer "YES" on any of the areas listed below, please provide a **full** explanation on the attachment provided at the end of this form. Include, if applicable, the following: **1)** how the drug was ingested or consumed, **2)** the duration of usage, **3)** the motivation for use, **4)** how the drug was obtained, **5)** why you stopped using the drug, **6)** and any other factors you believe are relevant.

TYPE OF DRUG	Have you ever sold, produced, or transported for sale?	Have you ever tried or used?	If "YES," how many times?	How many times after age "21"?	Year / Date "First Used" (mm/yyyy)	Year / Date "Last Used" (mm/yyyy)
Marijuana	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Hashish	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Cocaine / Crack	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Amphetamines	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Methamphetamines	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Ecstasy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Rush	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Barbiturates	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Heroin	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Opium	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Morphine	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
LSD / Acid	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
PCP / Acid	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Peyote	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Mescaline	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Mushrooms	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Steroids (No. of cycles)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Vaporous Substances (Please list, if more than one, please use attachment page provided at the end of this form.)

	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
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Any other Illegal Drugs (Please list, if more than one, please use attachment page provided at the end of this form.)

	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
--	--	--	--	--	--	--

Illegal use of Prescription Drugs (Please list, if more than one, please use attachment page provided at the end of this form.)

	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
--	--	--	--	--	--	--

☐ See attachment page provided at the end of this form for a full explanation of any question answered with a "YES."

LAST NAME

FIRST NAME

M.I.

ILLEGAL USE OF DRUGS - continued**YES NO**

- ☐ ☐ 15. Have you ever bought, sold, transported, and / or manufactured any illegal drugs and / or any component of an illegal drug?
- ☐ ☐ 16. Have you ever used a prescription drug that was not prescribed for you?
- ☐ ☐ 17. Have you ever administered / injected any illegal drug into another individual's body?
- ☐ ☐ 18. Have you ever operated a motor vehicle while impaired to the slightest degree by alcohol and / or drugs?
- ☐ ☐ 19. Have you ever been arrested for Driving Under the Influence (DUI) in any state or country?
- ☐ ☐ 20. Have you ever resided with anyone who was cultivating, manufacturing, distributing or selling marijuana or any other illegal substance?
- ☐ ☐ 21. Do you consume alcoholic beverages?
- ☐ ☐ 22. Have you ever consumed alcohol while at work?
- ☐ ☐ 23. How much alcohol do you consume in a month? _____

DOMESTIC VIOLENCE

Domestic Violence is defined in the law as certain criminal acts committed between person who have been involved in a relationship and who live together in the same household (or who have lived together in the past), or persons who have a child in common or are expecting a child (regardless of whether they have resided in the same household), and the victim is related to the defendant's spouse by blood or court order as a parent, grandparent, child, grandchild, sibling, or by marriage as a parent-in-law, step-parent, step-grandparent, stepchild, step-grandchild, brother-in-law or sister-in-law.

The specific acts defined in the law are: assault, criminal damage, endangerment, imprisonment, intimidation, kidnapping, trespassing, disorderly conduct and reckless display or discharge of a deadly weapon or dangerous instrument.

YES NO

- ☐ ☐ 24. Has any law enforcement agency ever responded to your residence, temporary or permanent, for any reason relating to domestic violence?
- ☐ ☐ 25. Have you ever committed an act of domestic violence according to the definition provided?
- ☐ ☐ 26. Are you currently, or have you ever been, delinquent with child support payments?

CRIMINAL HISTORY**YES NO**

- ☐ ☐ 27. Have you ever had contact with any law enforcement official?
- ☐ ☐ 28. Have you ever been detained by a law enforcement official?
- ☐ ☐ 29. Have you ever been charged with a crime?
- ☐ ☐ 30. Have you ever been accused of a crime?
- ☐ ☐ 31. Have you ever been arrested?
- ☐ ☐ 32. Have you ever been booked into jail?
- ☐ ☐ 33. Have you ever been convicted of a crime?
- ☐ ☐ 34. Have you ever received a non-motor vehicle related civil or criminal citation?
- ☐ ☐ 35. Have you, your spouse / partner, or any member of your immediate family ever been convicted or held in a detention facility, jail or prison?
- ☐ ☐ 36. Do you now or have you ever had any gambling debt?
- ☐ ☐ 37. Have you ever gambled with an employer's money?
- ☐ ☐ 38. Have you ever worked for a gambling operation or booked any bets?
- ☐ ☐ 39. Has any law enforcement officer or agency ever responded to your residence for any reason?
- ☐ ☐ 40. Are you now or have you been in the past associated with or a member of a group, who participates in any criminal activities? (If **YES**, identify what type of group, identify any names used by the group to identify it and what period of time you were associated with or a member of the group on the attached page provided).

☐ See attachment page provided at the end of this form for a full explanation of any question, answered with a "YES."

CRIMINAL HISTORY - continued

LAST NAME

FIRST NAME

M.I.

YES NO

- ☐ ☐ 41. Have any family members or friends either now or in the past been associated with or a member of a group who participates in any criminal activities? (If **YES**, identify what type of group, identify any names used by the group to identify it and what period of time they were associated with or a member of the group.)
- ☐ ☐ 42. Do you have any body tattoos, brands, markings or piercings associated with or identifying you as being a past or present member of a group that has been or is participating in criminal activities? (If you have any body tattoos, brands, markings or piercings of this type, identify what they are, what they represent and when they were acquired.)
- ☐ ☐ 43. Have you every been involved in, **committed, witnessed, participated in**, been **arrested** for or **detained** for investigative purpose for any of the following:

	Date	City, State or Country	Involvement / Disposition
<input type="checkbox"/> Homicide / Attempted Homicide			
<input type="checkbox"/> Manslaughter			
<input type="checkbox"/> Kidnapping			
<input type="checkbox"/> Hit and Run Accident			
<input type="checkbox"/> Arson			
<input type="checkbox"/> Illegal Explosives			
<input type="checkbox"/> Auto Theft			
<input type="checkbox"/> Shoplifting			
<input type="checkbox"/> Switching Price Tags on Store Merchandise			
<input type="checkbox"/> Assault or Aggravated Assault			
<input type="checkbox"/> Fraud			
<input type="checkbox"/> Use of Fake or Altered I.D.			
<input type="checkbox"/> Burglary			
<input type="checkbox"/> Robbery			
<input type="checkbox"/> Criminal Damage			
<input type="checkbox"/> Graffiti			
<input type="checkbox"/> Fighting or Disorderly Conduct			
<input type="checkbox"/> Providing Alcohol to Minors			
<input type="checkbox"/> Weapons Violation			
<input type="checkbox"/> Written / Issued Bad Check or Altered Check			
<input type="checkbox"/> Possession of Stolen Property			
<input type="checkbox"/> Bribery			
<input type="checkbox"/> Perjury			
<input type="checkbox"/> Illegal Immigration			
<input type="checkbox"/> Bomb Threat			
<input type="checkbox"/> False Reporting			
<input type="checkbox"/> Terrorist Acts			
<input type="checkbox"/> Harboring a Fugitive			
<input type="checkbox"/> Sexual Misconduct with a Minor			
<input type="checkbox"/> Soliciting Prostitution			

☐ See attachment page provided at the end of this form for a full explanation of any question, answered with a "YES."

LAST NAME	FIRST NAME	M.I.

	Date	City, State or Country	Involvement / Disposition
<input type="checkbox"/> Prostitution			
<input type="checkbox"/> Indecent Exposure			
<input type="checkbox"/> Sexual Assault / Date Rape			
<input type="checkbox"/> Crimes Against Children			
<input type="checkbox"/> "Peeping Tom"			
<input type="checkbox"/> Gang Activity			
<input type="checkbox"/> Anti-Government Agenda			
<input type="checkbox"/> Computer Hacking			
<input type="checkbox"/> Viewed or Downloaded Child Pornography			
<input type="checkbox"/> Hate Crimes			

Show complete experience in each position beginning with your current or last position, including military experience. A resume may be attached, but will **not** be accepted in lieu of completing the employment record. The amount of experience and the way you describe your experience may determine whether or not you are given further consideration for the position. Attach additional sheets for continuation if necessary, following the same format.

CURRENT EMPLOYER (maximum 40 characters)					JOB TITLE (maximum 33 characters)				
STREET ADDRESS (maximum 40 characters)					CITY (maximum 20 characters)			STATE ZIP CODE	
TELEPHONE NO. (Include Area Code)		EMPLOYMENT DATE: TO FROM			TOTAL TIME EMPLOYED:	YEARS	MONTHS	HOURS PER WEEK	
NO. OF EMPLOYEES SUPERVISED		SALARY:	STARTING	PER	ENDING	PER	SUPERVISOR (maximum 22 characters)		

Description of Work: (maximum 938 characters)

[illegible]

<p>May we contact your employer?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Reason for Leaving (be specific): (maximum 171 characters)</p> <p>_____</p> <p>_____</p> <p>_____</p>
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☐ See attachment page provided at the end of this form for a full explanation of any question, answered with a "YES."

PREVIOUS EMPLOYER (maximum 40 characters)					JOB TITLE (maximum 33 characters)				
STREET ADDRESS (maximum 40 characters)					CITY (maximum 20 characters)			STATE ZIP CODE	
TELEPHONE NO. (Include Area Code)		EMPLOYMENT DATE: TO FROM			TOTAL TIME EMPLOYED:		YEARS MONTHS		HOURS PER WEEK
NO. OF EMPLOYEES SUPERVISED		SALARY:	STARTING	PER	ENDING	PER	SUPERVISOR (maximum 22 characters)		

[illegible]

<p>May we contact your employer?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Reason for Leaving (be specific): (maximum 171 characters)</p> <p>_____</p> <p>_____</p> <p>_____</p>
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PREVIOUS EMPLOYER (maximum 40 characters)					JOB TITLE (maximum 40 characters)								
STREET ADDRESS (maximum 40 characters)					CITY (maximum 20 characters)			STATE		ZIP CODE			
TELEPHONE NO. (Include Area Code)		EMPLOYMENT DATE: TO				FROM		TOTAL TIME EMPLOYED:	YEARS		MONTHS	HOURS PER WEEK	
NO. OF EMPLOYEES SUPERVISED		SALARY:	STARTING	PER	ENDING	PER	SUPERVISOR (maximum 22 characters)						

[illegible]

<p>May we contact your employer?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Reason for Leaving (be specific): (maximum 171 characters)</p> <p>_____</p> <p>_____</p> <p>_____</p>
---	--

PREVIOUS EMPLOYER (maximum 40 characters)					JOB TITLE (maximum 40 characters)				
STREET ADDRESS (maximum 40 characters)					CITY (maximum 20 characters)			STATE ZIP CODE	
TELEPHONE NO. <i>(Include Area Code)</i>	EMPLOYMENT DATE: TO				FROM		TOTAL TIME EMPLOYED:	YEARS MONTHS	HOURS PER WEEK
NO. OF EMPLOYEES SUPERVISED	SALARY:	STARTING	PER	ENDING	PER	SUPERVISOR (maximum 22 characters)			

[illegible]

<p>May we contact your employer?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Reason for Leaving (be specific): (maximum 171 characters)</p> <p></p> <p></p> <p></p> <p></p>
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YES NO

- ☐ ☐ 44. Have you had any jobs not listed on this application? If **YES**, please explain.

☐ ☐ 45. Do you have any gaps in employment? If **YES**, please explain.

☐ ☐ 46. Have you ever been dismissed, asked to resign or laid off from any employment? If **YES**, please explain.

☐ ☐ 47. Have you ever left a place of employment because you thought you were going to be dismissed or asked to resign? If **YES**, please explain. _____

☐ ☐ 48. Have you ever taken any items from an employer? If **YES**, please explain.

☐ ☐ 49. Are the addresses and phone numbers listed for each employer current and correct? If **NO**, please explain.

☐ ☐ 50. In any employment setting, have you ever received a verbal or written reprimand, suspension or demotion? If **YES**, please explain.

LAST NAME

FIRST NAME

M.I.

EMPLOYMENT HISTORY - continued**YES NO**

- ☐ ☐ 51. In any employment setting, have you ever been involved in any incident involving discrimination or sexual harassment? If **YES**, please explain. _____

- ☐ ☐ 52. In any job that you've held, have you been involved in any physical or verbal confrontations with co-workers, supervisors, or customers? If **YES**, please explain. _____

- ☐ ☐ 53. Have you ever attended a law enforcement or detention / corrections training academy? If **YES**, please explain.

Sponsoring Agency and Academy Attended	Date	Status

- ☐ ☐ 54. Are you currently AZ POST certified (Arizona Police Officer Standards and Training Board)? If **YES**, please indicate date of certification, current agency, and academy name (i.e., ALEA, NARTA, GCC, etc.).

DATE	AGENCY	ACADEMY

- ☐ ☐ 55. List **all** law enforcement, and / or detention / corrections agencies you have applied with in your lifetime.

Agency	What Position?	Date	Last Step Completed	End Result	Polygraph Taken?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

- ☐ See attachment page provided at the end of this form for additional "**Employment History.**"

EDUCATION

List all colleges, universities and / or trade schools you have attended. Please begin with the most recent.

Date Attended	Name of College / University	Course of Study	Total Credit Hours	Degree Received

YES NO

- ☐ ☐ 56. Have you ever been expelled, suspended or disciplined as a high school or college student? If **YES**, please explain.

- ☐ ☐ 57. Do you have any special licenses or certifications? If **YES**, please list (i.e., Pilot license, EMT, etc.).

Please list any other education or training acquired. _____

- ☐ See attachment page provided at the end of this form for a full explanation of any question, answered with a "**YES.**"

LAST NAME	FIRST NAME	M.I.
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MILITARY STATUS

YES NO

- ☐ ☐ 58. Have you served in the U.S. Military? If **YES**, please attach the number 4 copy of the DD214 and complete this section.

BRANCH OF SERVICE	HIGHEST RANK ACHIEVED	RANK AT DISCHARGE
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- ☐ ☐ 59. Did you receive an Honorable Discharge? If **NO**, please list type of discharge / separation and what were the specific circumstances leading to your discharge.

- ☐ ☐ 60. Were you ever arrested, cited or apprehended by military police? _____

- ☐ ☐ 61. Did you receive any disciplinary action while in the military? _____

- ☐ ☐ 62. Have you ever been involved in combat while serving in the military? _____

- ☐ ☐ 63. Are you currently a member of a U.S. Reserve or National Guard Unit? If **YES**, please list your current assignment. *location and dates*

- ☐ ☐ 64. Were you ever the subject of a report or investigation by military police or other investigative service (i.e., CID, NIS, OSI)?

- ☐ ☐ 65. Did you ever receive a court martial or non-judicial punishment for a violation of the Uniform Code of Military?

DRIVING HISTORY

YES NO

- ☐ ☐ 66. Do you have a current driver license?

LICENSE NO.	STATE
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Previous driver license information - please list all states and countries where you have been licensed.

- ☐ ☐ 67. Have you ever been involved in a collision while driving a motor vehicle?

- ☐ ☐ 68. Has your driver license ever been suspended, restricted, revoked, and / or canceled for any reason?

- ☐ ☐ 69. Motor Vehicle Operation: Please list all moving violations for which you were cited. Use the attachment page provided at the end of this form, if necessary.

Violation Charged	Date	Location	Issuing Agency	Court Disposition	Collision Related?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

The next section is ONLY for applicants who have ever worked in any branch of Law Enforcement, and / or detention / corrections. If you have NOT, please go to the following section, "Statement of Truthfulness."

- ☐ See attachment page provided at the end of this form for a full explanation of any question, answered with a "YES."

This Section is ONLY for Applicants Who Have Ever Worked in Any Branch of Law Enforcement and / or detention / corrections.

YES NO

- ☐ ☐ 70. How many years of patrol experience do you have working as a certified police officer? _____
- ☐ ☐ 71. Has your peace officer certification been revoked, suspended, canceled, or denied for any reason?
- ☐ ☐ 72. Have you committed or been accused of theft from where you have worked or where you are currently working?
- ☐ ☐ 73. Have you committed or been accused of any theft from a prisoner / inmate?
- ☐ ☐ 74. Have you ever had or solicited sex while you were on duty?
- ☐ ☐ 75. Have you slept on duty or been disciplined for sleeping on duty?
- ☐ ☐ 76. Have you falsified or been accused of falsifying any document?
- ☐ ☐ 77. Have you ever consumed alcohol or illegal drugs while on duty?
- ☐ ☐ 78. Have you, while on duty and without authorization, used or been under the influence of spirituous liquor?
- ☐ ☐ 79. Have you ever consumed, inhaled, ingested or injected any illegal drug during the time you were employed in a law enforcement capacity?
- ☐ ☐ 80. Have you ever committed, witnessed, participated in or been accused of perjury?
- ☐ ☐ 81. Have you ever committed, witnessed, participated in or been accused of bribery or pay off?
- ☐ ☐ 82. Have you ever committed, witnessed, participated in or been accused of accepting gratuities?
- ☐ ☐ 83. Have you ever committed, witnessed, participated in or been accused of using excessive force?
- ☐ ☐ 84. Have you ever been the subject of, or witness to, any criminal or internal investigations?
- ☐ ☐ 85. Have you ever kept any items, evidence or found property, for personal use?
- ☐ ☐ 86. Have you ever been disciplined for, or accused of, misuse or abuse of any employer equipment?
- ☐ ☐ 87. Have you ever accidentally discharged your duty weapon?
- ☐ ☐ 88. Have you ever been accused of, or disciplined for, committing any crime while employed in a law enforcement or detention / corrections capacity?
- ☐ ☐ 89. Have you ever attempted to obtain or obtained any information from a criminal justice computer file for your personal use or someone else's personal use?
- ☐ ☐ 90. Have you received discipline for any improper conduct as a peace officer or detention / corrections officer? If **YES**, please list.

☐ See attachment page provided at the end of this form for a full explanation of any question, answered with a "YES."

LAST NAME

FIRST NAME

M.I.

STATEMENT OF TRUTHFULNESS**YES NO**

- ☐ ☐ 91. Do you have any knowledge or information, in addition to that specifically asked for in the preceding questions, which is or may be relevant, directly or indirectly, in connection with an investigation of your eligibility or concerning your character, temperance, habits, employment, education, criminal record, etc.? If **YES**, please explain.

DO NOT WAIT TO DISCLOSE INFORMATION YOU BELIEVE MAY BE DETRIMENTAL TO YOUR CHANCES OF OBTAINING EMPLOYMENT. INFORMATION THAT APPLICANTS HAVE FAILED TO DISCLOSE IN THE PAST MAY NOT HAVE ELIMINATED THEM HAD THEY ONLY BEEN HONEST DURING THE APPLICATION AND INTERVIEWING PROCESS. ALL ANSWERS WILL BE VERIFIED THROUGH VARIOUS RECORD CHECKS AS WELL AS A POLYGRAPH EXAMINATION.

*I certify under penalty of law that the answers on this application are true and complete to the best of my knowledge. I understand I will be required to provide proof of age, citizenship and high school diploma or GED. I further understand if an investigation discloses untruthful or misleading answers, any lies, deception, misrepresentation or omission, **no matter how slight**, may result in my immediate disqualification from consideration.*

I have read and understand all of the above statement.

Applicant's Name Printed

X

Applicant's Signature

Date

NOTARY PUBLIC:

SWORN TO AND SUBSCRIBED before me this _____ day
of _____, 20_____.

Notary Public

My commission expires: _____

EXPLANATION PROVIDED BELOW FOR THE FOLLOWING SECTION(S):

- Please indicate each individual section(s) your explanation is referencing.** (maximum 2,485 characters)

This image shows a full page of blank, lined paper. It features approximately 28 evenly spaced horizontal grey lines across its entire width, typical of notebook or legal stationery. The paper itself is white, and there are no margins, text, or other markings present.

DPS 802-07274 (3-2008)